



State of Delaware
Executive Department
Office of Management & Budget

SHORT TERM DISABILITY CLAIM APPEALS PROCESS
OFFICE OF MANAGEMENT AND BUDGET
STATEWIDE BENEFITS OFFICE

(Revised Effective February 2009)

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1. Employee files an initial claim for Short Term Disability benefits with The Hartford. An employee may also file for an extension of previously approved Short Term Disability benefits.
2. The Hartford reviews the claim and approves or denies the initial claim or the extension of benefits.
3. **IF** benefits are **DENIED OR TERMINATED**, The Hartford provides the employee and employing organization with reasons for the denial or termination in writing by certified mail, return receipt requested within 10 days of the decision to deny or terminate benefits.

LEVEL I APPEAL – ADMINISTERED BY THE HARTFORD

4. Employee may file an appeal with The Hartford within 180 days of the postmark date of the notice to deny or terminate benefits.
5. The Hartford approves or denies the appeal then provides written notice by certified mail, return receipt requested to the employee, the employing organization and the Statewide Benefits Office within 10 days of the decision.

LEVEL II APPEAL – ADMINISTERED BY THE STATE OF DELAWARE

6. **IF DENIED**, the employee may file an appeal of the denial in writing to the Appeals Administrator within 20 days of the postmark date of the decision notice. The written appeal should be addressed and mailed to the following address:

Appeals Administrator
RE: DISABILITY APPEAL
Statewide Benefits Office
500 W. Loockerman Street, Suite 320
Dover, DE 19904
Tel: (302) 739-8331
Fax: (302) 739-8339



Statewide Benefits Office

500 W. Loockerman Street, Suite 320 • Dover, DE 19904
Phone (302) 739-8331 Fax (302) 739-8339 www.ben.omb.delaware.gov

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7. The Appeals Administrator from the Office of Management and Budget (or his/her designee) shall conduct an internal review of the appeal and provide written notice of the decision to the employee, the employing organization and The Hartford within 30 days of speaking with the employee.

LEVEL III – ADMINISTERED BY THE STATE OF DELAWARE

8. **IF DENIAL IS UPHELD**, the employee may file a written appeal to the (State Employee Benefits) Committee within 20 days of the postmark date of the notice from the Statewide Benefits Office. The written appeal should be addressed and mailed to the following address:

Chair, State Employee Benefits Committee (SEBC)
RE: DISABILITY APPEAL
Office of Management and Budget
Haslet Armory, Third Floor
122 William Penn Street, Suite 301
Dover, DE 19901
Tel: (302) 739-4204
Fax: (302) 739-3342

9. The SEBC receives the appeal and:
 - a. Identifies an appropriate officer of the Office of Management and Budget as the Hearing Officer. The Hearing Officer conducts a hearing and submits a report to the Committee within 60 days of the date of the hearing. The Committee accepts or modifies the report and notice of the decision is postmarked to the employee within 60 days; **OR**
 - b. Hears the appeal and notice of the decision is postmarked to the employee within 60 days of the hearing.

LEVEL IV – ADMINISTERED BY SUPERIOR COURT

10. **IF DENIAL IS UPHELD**, the employee may appeal the decision to the Delaware Superior Court within 30 days of the postmark date of the decision.